



FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT Znd AMENDMENT AS FILED DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. 54. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL 25 TOTAL